

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/038939

FILING DATE

09/19/07

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	cancel					
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	cancel					
17						
18						
19						
20						
21						
22	cancel					
23		2				
24						
25						
26	cancel					
27						
28						
29						
30						
31						
32						
33						
34	cancel					
35						
36	cancel					
37						
38	cancel					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	cancel					
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	71					
TOTAL CLAIMS	75					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS